



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 2017 OCT 31 AM 11:32

Annual Report for the year: 2017
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|-------|---|-------------------------------------|-------------------------|---------------------|
| 1. Entity ID Number 001663974 | | 2. Exact name of the Limited Liability Company Consumer Staples and Replenishment LLC | | | |
| 3. NAICS Code 423850 | | 4. Brief description of the character of business conducted in Rhode Island Redistribution / Wholesale Sanitiferal Supplies / Gleaning supplies | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 349 Boulevard | | | City Middletown | State RI | Zip 02842 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Patrick Greichen | | | Contact Title CEO / Owner | | |
| Street Address PO Box 29207 | | | City Providence | State RI | Zip 02842 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | | |
| Name of Authorized Person Patrick Greichen | | | | Date 10/31/17 | |
| Signature of Authorized Person | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

OCT 31 2017

BY **316306**